If continuation sheet 1 of 1

STATEMENT OF DEPOIDENCES AND PLANO F CORRECTION INTEGRATOR NAMES TIMES NAME OF PROVIDER OR SUPPLIER MAYFIELD REPLANDITES, CITY, STATE, ZIP CODE 20 MAYFIELD DEPOIDERS (KA) ID SUMMAY OF THE CONTROL OF DEPOIDERS NAME OF PROVIDER OR SUPPLIER MAYFIELD REPLANDITES OF DEPOIDERS (KA) ID SUMMAY OF THE CONTROL OF DEPOIDERS (KA) ID SUMMAY OF THE CONTROL OF DEPOIDERS (KA) ID SUMMAY OF CORRECTION A BUILDINGS OF PROVIDERS PLANO CORRECTION OF PROVIDERS PLANO CORRECTION PROVIDERS PLANO CORRECTION OF PROVIDERS PLANO CORRECTION OF PROVIDERS PLANO CORRECTION OF PROVIDERS PROVIDERS OF PROVIDERS PLANO CORRECTION OF	Division	of Health Care Fac	ilities ·				(0143)	,	
MANFIELD REHABILITATION CENTER SUMMAYER DEPROVIDER SUMMAY STATEMENT OF DEFICIENCES SMITHAL, TN 37167 [XXI) DEFICION MUST BE PRECEDENT PALL PREPARED WITH SMITHAL THE PREPARED TO THE APPROPRIATE DATE OF THE APPROPRIATE DAT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE COMP	COMPLETED	
MAYFIELD REHABILITATION CENTER STREET ADDRESS, CITY, STATE, 2IP CODE 200 MAYFIELD REHABILITATION CENTER SIMMANY STATEMENT OF DEPOSITIONS REGULATORY OR LSC IDENTIFYING INFORMATION) N 001 1200-8-6 Initial Comments The annual Licensure survey and complaint investigation #30721, #31240, and #31510, were completed at Mayfield Rehabilitation Center on May 22, 2013. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.			TN7503	TN7503		8. WING			
MAYFIELD REHABILITATION CENTER 200 MAYFIELD DRIVES WAYFIELD DRIVES (AVAILUTE CHARACTERS TO STATEMENT OF DEFICIENCIES MYRNA, TN 37167 PROVIDERS PLANOF CORRECTION SHOULD BE CHARACTERS TO SHOULD BE	NAME OF F	PROVIDER OR SUPPLIER	<u> </u>	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	1 00//	- L 10	
PREFIX (EACH CORRECTIVE ACT IN A PROPRIET TAG CONFIGURATION) N 001 1200-8-6 Initial Comments N 001 In the annual Licensure survey and complaint investigation #30721, #31240, and #31510, were completed at Mayfield Rehabilitation Center on May 22, 2013. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	MAYEIFI D REHABILITATION CENTER 200 MAYE				FIELD DRIVE				
The annual Licensure survey and complaint investigation #30721, #31240, and #31510, were completed at Mayfield Rehabilitation Center on May 22, 2013. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	FULL	PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		N SHOULD BE COMPLETE DATE		
investigation #30721, #31240, and #31510, were completed at Mayfield Rehabilitation Center on May 22, 2013. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. Asion of Health Care Facilities Asion of	N 001	1200-8-6 Initial Comments			N 001				
BORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVE'S SIGNATURE Odministrator 6/13/13		investigation #3072 completed at Mayfi May 22, 2013. No	21, #31240, and #315 eld Rehabilitation Ce deficiencies were cit	510, were enter on ed under					
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE CLAMBION (X6) DATE (X6) DATE (X6) DATE (X6) DATE (X6) DATE (X7) DATE									
BORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVE'S SIGNATURE OLD MINISTRATORY 6/13/13	-								
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE OLD MINISTRATOR 6/13/13	vision of He	alth Care Facilities	2			TITLE		(X6) DATE	
			ER/SUPPLIER REPRESENT			administrat	or les	13/13	

FB6B11